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DLN: 93493132052977

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal R

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

			<u>'</u>	<del></del>		_			
			lendar year, or tax year beginn C Name of organization	ing 07-01-2015 , and ending	06-30-201	6	D Emple	over id	lentification number
	eck ir ap ddress cl	oplicable hange	Board of Trustees of Whitman Colle	ege .				-	
_	ame cha	-	David humana as				— 91-0	5677	40
In	itial retu	ırn	Doing business as						
	nal /termina	ated	Number and street (or P O box if	mail is not delivered to street address	s) Room/suit	:e	E Teleph	none nu	ımber
	nended i		345 Boyer Ave				(509	) 527	-5592
Ap	plication	pending	City or town, state or province, coi Walla Walla, WA 993622067	untry, and ZIP or foreign postal code					
			,				<b>G</b> Gross	receipt	s \$ 606,381,301
			<b>F</b> Name and address of princ Kathleen Murray	ipal officer			this a group		
			345 Boyer Ave				bordinates? Io	,	☐ Yes 🗸
Ta	v-evem	pt status	Walla Walla, WA 993622067				e all subord	lınate	S Yes No
		pt status	▼ 501(c)(3)	(insert no ) 4947(a)(1) or	527		cluded? "No," attacl	h a lıs	t (see instructions)
W	ebsite	:► ww	w whitman edu				roup exemp		,
<b>(</b> Forr	n of org	janization	✓ Corporation  Trust  Assoc	lation Other ►	•		f formation 1		<b>M</b> State of legal domicile
				·					WA
Pa	rt I		mary						
			scribe the organization's missio on of Whitman College is to pro			ts and sci	ences unde	rgradi	uate education
ń				,					
Ĭ	_								
<u>=</u>	<b>2</b> C	heck th	nis box ▶ ┌ if the organization o	discontinued its operations or a	disposed o	f more tha	ın 25% of ıt	s net	assets
governance				······	<b>-</b>				
ð	3 N	lumber	of voting members of the goverr	ning body (Part VI, line 1a) .				3	16
KALIMILES			of independent voting members					4	15
			mber of individuals employed in					5	1,938
₹			mber of volunteers (estimate if i					6	921
			related business revenue from F	, , , , , , , , , , , , , , , , , , , ,				7a	-911,774
	D NE	et umen	ated business taxable income fr				rior Year	7b	-990,385 Current Year
	8	Contri	ibutions and grants (Part VIII,	line 1h)		<b>-</b>	15,338	.314	16,276,959
₫.	9		am service revenue (Part VIII,	•		79,568,572			79,445,925
Rəvenue	10	_	tment income (Part VIII, colum	= :			22,706		13,796,995
æ	11	Other	revenue (Part VIII, column (A	), lines 5, 6d, 8c, 9c, 10c, and	11e)		1,099	,424	1,271,745
	12		revenue—add lines 8 through 1	1 (must equal Part VIII, colum	nn (A ), line		118,712	,996	110,791,624
	12	12)	c and cimilar amounts haid (Day	+ IV column (A ) lines 1 2 )			22.074	0.5.1	24 475 527
	13 14		s and similar amounts paid (Par its paid to or for members (Part				23,074	,951	24,475,537
	15		es, other compensation, employ						
Ses		5-10		, , ,	,,		45,037	,318	47,730,394
Expenses	16a		ssional fundraising fees (Part I)						0
ă	b		undraising expenses (Part IX, column (						
	17		expenses (Part IX, column (A)				41,662		36,573,010
	18 19		expenses Add lines 13–17 (m nue less expenses Subtract line		-		109,775 8,937		108,778,941
- S	13	Kevei	ide less expelises Subtract lille	: 18 110111 111111 12	• • •		· · · · · · · · · · · · · · · · · · ·		· · ·
ance a						Beginnin	g of Current	Year	End of Year
Net Assets of Fund Balances	20		assets (Part X, line 16)				725,577	,760	692,076,192
	21		liabilities (Part X, line 26) .			•	98,910	•	104,493,011
	22		ssets or fund balances Subtrac	t line 21 from line 20			626,667	,117	587,583,181
	r <b>t II</b> r pena		<b>lature Block</b> perjury, I declare that I have ex	 camined this return, including a	accompany	/ına sched	lules and st	ateme	ents, and to the best of
ny ki	nowled	lge and	belief, it is true, correct, and co						
repa	rer ha	s any k	nowledge						
		<b>\</b>					2017-05-03		
Sign		Sign	ature of officer				Date		
lere	e		r Harvey Treasurer & CFO						
		<b>   </b>	e or print name and title Print/Type preparer's name	Preparer's signature	10-	ate		PTIN	1
Paid	4		mig type preparers hame	r reparer a signature			Check if self-employed		
		, F	Firm's name 🕨				Firm's EIN 🟲	1	
	pare Onl	1 1	Firm's address 🕨				Phone no		

. Yes No

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🙎	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 🙎	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes " complete Schedule I. Part III	27	Yes	

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

instructions for applicable filing thresholds, conditions, and exceptions)

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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes Form 990 (2015)

28a

28b

28c

29

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Nο

Νo

Νo

Nο

Νo

Νo

Νo

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		V/			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,770			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and		 			
	Tax S	tatements, filed for the calendar year ending with or within the year covered s return	2a	1,938			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the	year?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	es," enter the name of the foreign country  nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
<b>6</b> a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont is," did the organization include with every solicitation an express statement the			6b		
7		not tax deductible?			OD.		
	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	<b>7</b> c	Yes	
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d	1			
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the ored?	rganız	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess but g the year?	sınes:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter		1			
		s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	eu of Form 1041?	<b>12</b> a		
b	If "Ye: year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	See the instructions for	<b>13</b> a		
	ın whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	<b>13</b> c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. Schedu	See ii	nstructions.			,
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1</b> b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken durıng the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer director trustee or key employee listed in Part VII. Section A		ľ			

8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

✓ Own website. ✓ Upon request. ✓ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

► Walter Froese Controller 345 Boyer Ave. Walla Walla, WA 99362 (509) 527-4936

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

**16**b

OR, WA, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, PA, RI,

SC, TN, UT, VA, WV, WI

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

	I										
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount of compen from	ated of other is ation the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ted
See Additional Data Table											
1b Sub-Total		 ection A		•		<b>▶</b>					
d Total (add lines 1b and 1c) .	•		<u></u>	<u>.</u>	٠.	•		2,973,423	0		581,652
Total number of individuals (ir \$100,000 of reportable comp						d abov	e) wl	no received more t	han		
										Yes	

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	

## Section B. Independent Contractors

L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

compensation from the organization Report compensation for the calendar year endir		's tax year
(A) Name and business address	(B) Description of services	(C) Compensation
Bon Appetit	FOOD SERVICES	4,416,549
P O BOX 417632 BOSTON, MA 02241		
Leone & Keeble	CONSTRUCTION	2,755,009
PO Box 2747 Spokane, WA 99220		
Opp & Seibold	CONSTRUCTION	742,307
1220 West Poplar Walla Walla, WA 99362		
Zimmer Gunsul Frasca Architects LLP	Architects	566,407
320 SW Oak St Ste 500 Portland, OR 97204		
Monticello Associates	Consultant	312,500
1200 17th St Suite 2600 Denver, CO 80202		

orm 99	0 (20	15)						Page <b>9</b>
Part V	****	Statement o	f Revenue					
		Check if Schedi	ule O contains a respon	se or note to any lir	ne in this Part VIII	<del> ,</del>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512-514
,, s	1a	Federated cam	paigns 1a					
unt	ь	Membership du	es <b>1b</b>					
ي ت	c	Fundraising eve	ents <b>1c</b>					
ffs. ≓A	d	Related organiz	zations 1d					
i5 [a	e	Government grant		591,795				
ons,	f		ons, gifts, grants, and <b>1f</b>	15,685,164				
Contributions, Giffs, Grants and Other Similar Amounts	g		ot included above ons included in lines	2,704,093				
Cont and	h	1a-1f \$ <b>Total.</b> Add lines	s 1a-1f		16,276,959			
				Business Code				
Program Service Revenue	2a	Student Tuition & I			68,631,641	68,631,641		
± 2±	Ь	Housing & meal se	ervices		8,382,081	8,382,081		
¥C.	C	Bookstore			1,018,826	1,018,826		
₹	d e							
ram	f	All other progra	am service revenue		1,413,377	1,413,377	0	0
₽o₽						1,415,577		0
	<u>g</u> 3		s 2a-2f		79,445,925			
			ome (including dividend ar amounts)		5,089,612		-920,494	6,010,106
	4		stment of tax-exempt bond p	· · · · · . · ·				
	5	Royalties	() D					
	6a	Gross rents	(i) Real 2,660,126	(11) Personal				
	ь	Less rental	1,397,101					
		expenses		0				
	С	Rental income or (loss)	1,263,025		1 262 025			1 262 025
	d	Net rental inco	me or (loss)  (I) Securities	· · · · ► (II) O ther	1,263,025			1,263,025
	7a	Gross amount						
		from sales of assets other than inventory	502,647,490	230,000				
	ь	Less cost or other basis and sales expenses	491,568,007	2,602,100				
	С	Gain or (loss)	11,079,483	-2,372,100				
	d		ss)	· · · ·•	8,707,383			8,707,383
Other Revenue	Oa		luding s reported on line 1c)					
ē E		See Part IV, Iir	a a					
<b>₽</b>			penses <b>b</b> [ (loss) from fundraising e	avents •				
			rom gaming activities	events p				
			a penses b					
	C	Net income or (	loss) from gamıng actıv -	/ities				
	10a	Gross sales of returns and allo	owances .	24.400				
	ь	less costofa	a oods sold b	31,189				
			oods sold <b>b</b> [ (loss) from sales of inve	22,469 entory •	8,720		8,720	
		Miscellaneou		Business Code				
	11a							
	b							
	С							
	d		ue [		0	0	0	0
	e	iotal. Add lines	s 11a-11d	•	О			

12 Total revenue. See Instructions . . . .

79,445,925

110,791,624

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Γ	,			_
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	23,146,565	23,146,565		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,328,972	1,328,972		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,050,233	604,663	1,077,367	368,203
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	33,810,156	28,826,459	3,586,726	1,396,971
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,161,120	2,594,376	403,117	163,627
9	Other employee benefits	6,163,297	5,058,304	785,966	319,027
10	Payroll taxes	2,545,588	2,089,200	224 622	131,766
11	Fees for services (non-employees)	2,343,388	2,069,200	324,622	131,700
a	Management				
b	Legal	62,579		62,579	
c	Accounting	103,020		103,020	
d	Lobbying	7,259		7,259	
e	Professional fundraising services See Part IV, line 17	,		.,===	
f	Investment management fees	4,651,259		4,651,259	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,907,188	6,915,233	846,975	144,980
12	Advertising and promotion				
13	Office expenses				
14	Information technology	1,768,101	868,269	652,781	247,051
15	Royalties				
16	Occupancy	2,141,776	2,034,687	96,380	10,709
17	Travel	3,495,380	2,864,525	454,406	176,449
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,977,401	1,878,531	88,983	9,887
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,412,393	6,091,773	288,558	32,062
23	Insurance	425,347	213,911	211,436	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Communications	1,226,238	880,509	97,350	248,379
b	Supplies	7,133,754	6,186,260	936,128	11,366
c	Paul Garrett Expenses	-222,393	-222,393		
d	21st Century Trust Expenses	-516,292		-516,292	
е	All other expenses	0	0	0	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e	108,778,941	91,359,844	14,158,620	3,260,477
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

761,909

25,802,291

21,181,380

653,079

265,927

645,105

140,408,288

221,808,461

276,292,388

2,887,501

1 369 863

8,004,052

3,221,126

1,193,649

54,889,904

37,184,280

104,493,011

238,271,367

176,954,603

172,357,211

587,583,181

692,076,192 Form 990 (2015)

692,076,192

(A)

Beginning of year

959,017

10,906,909

21,375,068

556,513

270,348

485.857

140,616,449

242.809.988

303,207,371

2,973,298

1 416 942

7,826,069

3,459,604

1,303,973

55 628 629

251,932

30,440,436

98,910,643

252,855,125

202,611,530

171,200,462

626.667.117

725,577,760

725,577,760

217 342 395

76,934,107

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FullA	Dalance Shee

Check if Schedule O contains a response or note to any line in this Part X . . . .

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Form 990 (2015)

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Fund Balances

Net Assets or

Part X	Balance	Shee

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

**Total liabilities.**Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

	,	 	 	 	-	-
nust equal Part VIII, column (A), line 12)						
(must equal Part IX, column (A), line 25)						

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Total revenue (m Total expenses ( Revenue less expenses Subtract line 2 from line 1 . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

8 9 -5,301,777 10 587,583,181 Yes

2a

2b

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Page **12** 

110,791,624

108,778,941

626,667,117

-35,794,842

No

Νo

2.012.683

Yes

**Software ID:** 15000238 **Software Version:** 2015v3.0

**EIN:** 91-0567740

Name: Board of Trustees of Whitman College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, an	d Independe	ent Co	ntra	ctc	rs			•	•	1
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Posi more t perso and a	tion ( han c n is <b>l</b>	ne b ooth ctor	ox, an c /trus	officer stee)	-	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊬ë	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Bradley M McMurchie	1 0	×		х				0	o	0
Chair	2 0									
Nancy B Serrurier	1 0	X		Х				0	0	0
Vice Chair	2 0									
Janice M Abraham	1 0	×						0	0	0
Trustee	1 0									
Megan Ferguson Clubb	1 0	х						0	0	0
Trustee	1 0	^						,	, and the second	
John C Coleman	1 0	x						0	0	0
Trustee	1 0									-
Joseph C Davis	1 0	x						0	0	0
Trustee	1 0							, and the second se	, and the second	
Richard Fade	1 0	x						0	0	0
Trustee	10							-		_
Barbara S Feigin	1 0	х						0	0	0
Trustee	10	^						0		U
Stephen E Hammond	1 0	×						0	0	0
Trustee	10	^						0	0	U
Walter C Minnick	1 0	.,						_	_	
Trustee	1 0	×						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emp Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Name Average Reportable Reportable Estimated and Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation director/trustee) (W-2/1099-(W-2/1099for related from the MISC) MISC) organizations organization Office For Highest compensated Individual trustee ee voldme Former Institutional Trustee below and related 으름 dotted line) organizations employee James R 10 Moore Х 0 Trustee 10 Dean Allen 10 Nichols Х Trustee 10 David 10 Nierenberg Х 0 Trustee 10 Akshav 10 Anand Shetty Х 10 Trustee Jonathan 10 Sposato Х 0 10 Trustee Denise 10 Tabbutt Χ 0 0 Trustee 10 Sarah O 10 Wana X 0 10 Trustee William G 10 Way Х 0 Trustee 10 Courtney 10 Graham Wyckoff Χ 10 Trustee Georae S 40 0 Bridges

Х

President thru 6/30/15 463,776

111,029

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employe Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated hours per Title more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation (W-2/1099for related director/trustee) (W-2/1099from the organizations MISC) MISC) organization Officer Former or director employee Highest compensated Individual trustee Institutional Trustee below and related dotted line) organizations employee Kathleen Murray 40 0 Х 235,562 0 38,809 President beginning 7/1/15 40 0 Peter Harvey Х 0 228,365 48,388 CFO/Treasurer John W Bogley 40 0 Х 270,047 0 64,321 VP for Development Tony Cabasco 40 0 Х 0 155,312 31,461 Dean of Admission & Financial Aid Charles E 40 0 Cleveland Х 178,114 0 30,587 Dean of Students Michelle Ma 40.0 Chief Х 168.529 21.060 Communications Officer Patrick Spencer 40 0 Х 168,253 33,602 Provost/Dean of Faculty Interim Dan M Terrio 40 0 Χ 0 158,436 30,748 Chief Information Officer 40 0 Keith Farrington Χ 152,519 0 30,954 Faculty 40 0 Patrick Keef 23,834 165,139 Faculty

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Name and Average Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other officer and a any hours organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer 3 Former or director individual trustee emplovies Highest compensated Institutional below and related dotted line) organizations employee Trustee 40 0 167,912 30.84 Х for Development David F 40 0 Schmitz Х 169,018 28,38

Christopher Ponce Associate VP

Х

Χ

150,817

141,624

18.97

38,66

Faculty

Faculty Timothy Kaufman-Osborn

Former Provost/Dean of Students

Paul H Yancev

40 0

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

Board of Trustees of Whitman College

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

990EZ)

Treasury

1

2 3

Department of the

As Filed Data -

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

OMB No 1545-004

DLN: 93493132052977

**Employer identification number** 

91-0567740

Open to Public Inspection

iuta								
Tota								
					Yes	No		
				(described on lines 1-9 above (see instructions))	docume	ent?	(see instructions)	instructions)
Nan	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization	(iv) Is the orgai listed in your	nızatıon governıng	(v) A mount of monetary support	<b>(vi)</b> A mount of other support (see
g		Provide the following ii	nformation abo	out the supported orga	inization(s)			
f	Ente	r the number of supporte					<u></u>	
е		Check this box if the o					ıs a ⊤ype I, Type II,⊤	ype III functionally
d		Type III non-functional not functionally integral (see instructions) You	ated The orga u must comple	nızatıon generally mu te Part IV, Sections A	st satisfy a dist . <b>and D, and Pa</b> i	tribution requir r <b>t V.</b>	ement and an attentiv	eness requirement
c	Г	must complete Part IV Type III functionally i supported organization	i <b>ntegrated.</b> A s n(s) (see instri	supporting organizatio uctions) <b>You must co</b>	mplete Part IV,	, Sections A , D	, and E.	,
b	Г	Type II. A supporting management of the su	organization s pporting organ	upervised or controlle nization vested in the s	d in connection			
а	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g							
11	-	-	•	•		•		ut the purposes of
9	Г	receipts from activitie	es related to it it income and i e 30, 1975 S	s exempt functions—s unrelated business tax ee <b>section 509(a)(2).</b>	ubject to certa kable income (lo (Complete Part	in exceptions, ess section 51 III )	ributions, membership and (2) no more than i .1 tax) from businesse n 509(a)(4).	331/3% of its support
8		A community trust des			•	•		
7	<b>▽</b>	described in <b>section 1</b> :				om a governm	ental unit or from the g	eneral public

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 14,244,542 14,383,938 15,953,236 15,701,408 74,956,101 membership fees received (Do 14,672,977 not include any unusual grants )

	not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	14,244,542	14,383,938	15,953,236	14,672,977	15,701,408	74,956,101
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,845,068
6	Public support. Subtract line 5 from line 4						65,111,033

	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						65,111,033
S	ection B. Total Support						
(01	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	(f)Total
7	Amounts from line 4	14,244,542	14,383,938	15,953,236	14,672,977	15,701,	408 74,956,101
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,046,603	5,059,830	2,873,362	8,840,846	7,852,	068 28,672,709
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0 0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0		0 0
11	<b>Total support.</b> Add lines 7 through 10						103,628,810
12	Gross receipts from related activi	ties, etc (see ins	tructions)	•	•	12	382,729,788
13	First five years.If the Form 990 is	for the organizati	ion's first, second	d, third, fourth, or	fifth tax year as a	section 501	c)(3) organization,
	check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	62 83 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	61 77 %

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ▶□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
C	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2.01 F

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part I, Line 2 Schedule	Whitman College also qualifies for public charity status as a school described in section 170(b)(1)(A)

A, Part I, Line 2

### DLN: 93493132052977

Employer identification number

91-0567740

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

2

Board of Trustees of Whitman College

Political expenditures

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	volunteer nours				_		
Par	t I-B Complete if the or	ganization is exempt under :	section 501(	c)(3).			
1	Enter the amount of any excise	<b>•</b>	\$_				
2	Enter the amount of any excise	e tax incurred by organization manage	ers under sectio	n 4955 <b>&gt;</b>	\$_		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	0 for this year?			☐ Yes	☐ No
<b>4</b> a	Was a correction made?					☐ Yes	☐ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c	)(3).	
1	, ,	ended by the filing organization for se			\$_		
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to otl	ner organizations	s for section 527 ►	\$_		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$		
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			. –	Yes	□ No
	organization made payments l amount of political contribution separate segregated fund or a	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid from rectly delivered additional space	om the filing organization's to a separate political orga is needed, provide informa	fund: iniza	s Also ent tion, such	er the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	dı	) A mount ontribution: and prom rectly deli separate rganization enter	s received otly and vered to a political n If none,
2							
3							
4							
5							
6							
For F	aperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	-EZ.	Cat No 50084S Schedule C (	Form	990 or 99	0-EZ) 2015

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)		organization's totals	group totals		
a	Total lobbying expenditures to influence public lobbying)			•			
b	Total lobbying expenditures to influence a legi	Total lobbying expenditures to influence a legislative body (direct lobbying)					
c	Total lobbying expenditures (add lines $1a$ and	1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines	1c and 1d)					
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
Lobbying Expe	nditures During	4-Year Avera	ging Period				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total		
Lobbying nontaxable amount							
Lobbying ceiling amount (150% of line 2a, column(e))							
Total lobbying expenditures							
Grassroots nontaxable amount							
Grassroots ceiling amount (150% of line 2d, column (e))							
Grassroots lobbying expenditures							
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))		

LOBBYING ACTIVITY

che	edule C (Form 990 or 990-EZ) 2015				P	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ТОТ				
		(	a)		(b)	
or e. ctiv	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		No	,	mour	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	1		
c	Media advertisements?		Νο	1		
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	Yes				4,524
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				2,735
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities?		Νo			
j	Total Add lines 1c through 1i					7,259
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	<b>01</b> (c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pā	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
DETAILED DESCRIPTION OF THE	\$4,524 is the amount of dues paid to the Independent Colleges of Washington allocated to lobbying efforts by ICW. The costs for the President's time and travel for meeting with state and federal legislators was \$2,735
	\$4,524 is the amount of dues paid to the Independent Colleges of Washington allocated to lobbying

legislators was \$2,735

# SCHEDULE D Supr

(Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public

DLN: 93493132052977

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Open to Publ Inspection

Name of the organization Board of Trustees of Whitman College

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Boa	ard of Trustees of Whitman College						01.0	56774	10			
Pa	Organizations Maintaining Donor Complete if the organization answere									·.		
		(a) Donor advised fund	ds	,			(b)	Funds	and oth	eraccour	nts	
1	Total number at end of year											
2	Aggregate value of contributions to (during year)											
3	Aggregate value of grants from (during year)											
4	Aggregate value at end of year											
5	Did the organization inform all donors and donor a funds are the organization's property, subject to						r advıs	sed		┌ Yes	∏ N∈	0
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or d	lon	nor	advisor, o	r for any	othei			┌ Yes	□ N	0
Pa	rt II Conservation Easements. Comple	-				res" on	Forn	1 990,	Part I	V, line 7		_
1	Purpose(s) of conservation easements held by th	-	II t	tha	at apply)							
	Preservation of land for public use (e g , recreducation)	eation or F	_		Preservatio	on of an	histor	ıcallv ıı	mportar	nt land are	ea	
	Protection of natural habitat	Г	_		Preservatio			•	•			
	Preservation of open space	·										
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserva	atı	101	n contributi	ion in th	e form	of a co	nserva	tion		
						-		Hel	d at the	e End of t	he Year	_
а	Total number of conservation easements					-	2a					_
b	Total acreage restricted by conservation easeme		do		up (a)	-	2b					_
c d	Number of conservation easements on a certified Number of conservation easements included in (					F	<b>2</b> c					_
u	historic structure listed in the National Register	e) acquired after 0/17/0	٠,	, u	ia nocon a		2d					
3	Number of conservation easements modified, trai	nsferred, released, extin	ıgu	JIS	hed, or ter	mınated	by th	e organ	ıızatıon	during th	e	
	tax year ▶											
4	Number of states where property subject to cons	ervation easement is loc	cat	te	d <b>▶</b>		_					
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		rır	ng	, inspection	n, handl	ing of		<b>┌</b>	es $\lceil$	No	
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	/10	ola	tions, and e	enforcin	g cons	ervatio	on ease	ments du	ring the	
	<b>-</b>											
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violat	:101	ns	, and enfor	cing cor	nserva	tion ea	sement	ts during	the year	
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the	e r	red	quirements	of secti	on 17	0(h)(4	) <b></b> Y	es $\lceil$	No	
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or										
Par	rt III Organizations Maintaining Collec		ric	ca	l Treasu	ires, o	r Oth	er Si	milar	Assets.	ı	-
	Complete if the organization answere											_
<b>1</b> a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public e	exh	hib	ition, educ	atıon, oı	r resea	arch in				
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public e									ıblıc	
-	(i) Revenue included on Form 990, Part VIII, line :	1				•	<b>\$</b>			11,315		
(	ii) Assets included in Form 990, Part X					<b>&gt;</b>	\$_		1,86	5,572		
2	If the organization received or held works of art, he following amounts required to be reported under S					sets for						
а	Revenue included on Form 990 Part VIII line 1							<b>•</b> ¢				

Assets included in Form 990, Part X

	dule D (Form 990) 2015						Page Z
Par	Organizations Maintaining (continued)	Collections of A	rt, Historica	l Tre	easures, or O	ther Similar As	sets
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other rec	ords, check an	of the	e following that a	re a significant use	ofits
а	▼ Public exhibition		d 🔽	_oan o	r exchange progi	ams	
b	✓ Scholarly research		e	Other			
c	✓ Preservation for future generations						
4	Provide a description of the organization Part XIII	's collections and exp	laın how they f	urther	the organization'	s exempt purpose i	n
5	During the year, did the organization sol assets to be sold to raise funds rather the						✓ No
Par	t IV Escrow and Custodial Arra		5 part of the of	gamze	action 5 confection	res	V 140
	Complete if the organization Part X, line 21.		Form 990, Pa	art IV	, line 9, or rep	orted an amount	on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other interr	nediary for con	trıbutı	ons or other asse	ets not <b>Yes</b>	□ No
b	If "Yes," explain the arrangement in F	art XIII and complete	the following t	able		A mo	unt
c	Beginning balance				<b>1</b> c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
<b>2</b> a	Did the organization include an amount of	on Form 990, Part X, I	ne 21, for escr	ow or	custodial accour	t liability?   Yes	☐ No
h							
b	If "Yes," explain the arrangement in Par rt V Endowment Funds. Comple						<u></u>
Ρđ	Endowment Funds. Comple	(a)Current year	(b)Pnor year			d)Three years back	(e)Four years back
1a	Beginning of year balance	485,516,507	477,132,46	<del>-</del>	414,542,107	373,745,231	374,507,651
b	Contributions	3,982,729	14,097,45	5	7,296,996	9,015,129	7,129,763
c	Net investment earnings, gains, and			+			
_	losses	-11,935,555	21,872,07	_	81,310,916	56,191,946	13,583,985
d	Grants or scholarships	8,808,436	8,160,10	1	7,636,808	7,310,481	7,008,868
е	Other expenditures for facilities and programs	12,838,589	11,877,58	3	10,893,190	10,163,852	9,449,094
f	Administrative expenses	4,341,978	7,547,80	5	7,487,559	6,935,866	5,018,206
g	End of year balance	451,574,678	485,516,50	7	477,132,462	414,542,107	373,745,231
2	Provide the estimated percentage of the	current year end bala	nce (line 1g, co	olumn	(a)) held as		_
а	Board designated or quasi-endowment <b>&gt;</b>	30 %					
b	Permanent endowment ► 36 %						
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	34 % should equal 100%					
<b>3</b> a	Are there endowment funds not in the po		ızatıon that are	held a	and administered	for the	
	organization by	-					Yes No
	(i) unrelated organizations			•		3a(	
b	(ii) related organizations If "Yes" on 3a(ii), are the related organizations				•		<del></del>
4	Describe in Part XIII the intended uses						, 103
Par	t VI Land, Buildings, and Equip						-
	Complete if the organization	answered 'Yes' to F	orm 990, Pai	τIV,	line 11a.See F	orm 990, Part X, Accumulated	line 10. (d)Book value
	Description of property		Cost or othe (investme		Cost or other basis (other)		(a)Book value
<b>1</b> a	Land		. 8,6	27,621	6,704,580		15,332,201
b	Buildings 		8,9	90,232	186,046,67	73,935,476	121,101,429
c	Leasehold improvements						
	Equipment				5,107,71	7 2,998,631	2,109,086
е	Other				1,865,57	2	1,865,572
Tota	I. Add lines 1a through 1e (Column (d) mu		X, column (B),	line 10		· · · · <b>·</b>	140,408,288

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	Complete if the organ	ızatıon answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or catego (including name of security)	pry	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther		26 207 071	
(A) Commingled Trusts		36,297,971	F
(B) Investment Shares Belonging to Related Entities		-4,546,642	F
(C) Alternative Investments		244,541,059	F
Table (Column (h) must equal Form 000, Bart V, sel. (B) line 12.)	<b>•</b>	276,292,388	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.			
Complete if the organization answer  (a) Description of investment	ed Yes on Form 990	(b) Book value	Form 990, Part X, line 13.  (c) Method of valuation
			Cost or end-of-year market value
Table (Column (b) much much Farm 000 Dark V and (D) (ma 12)			
<b>Part IX</b> Other Assets. Complete if the organization	tion answered 'Yes' on F	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
(a) Des	scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15 )		•
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.		l 'Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
Post Retirement Benefit Obligation	5,799,3	341	
Split interest agreements	10,232,6		
-			
Interest rate exchange agreements	18,251,0		
Med/Dental insurance terminal liability	708,2	218	
Deferred Compensation	1,369,8	363	
Asset retirement obligation	823,2	246	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) <b>2.</b> Liability for uncertain tax positions In Part XIII, prov		note to the organization's	
organization's liability for uncertain tax positions under XIII $\hfill$	FIN 48 (ASC 740) Ch	eck here if the text of the	footnote has been provided in Part

Schedule D (Form 990) 2015

Collections of art - description of

collections

Part		evenue per Audited Financial Statization answered 'Yes' on Form 990, F					per R	leturn
1	<u> </u>	r support per audited financial statements					1	
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses) o	on investments	2a	ĺ				
b	Donated services and use of fa	ncilities	2b					
c	Recoveries of prior year grants		2c				1	
d	Other (Describe in Part XIII )		2d				1	
e			•				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .						3	
4	Amounts included on Form 990	0, Part VIII, line 12, but not on line 1						
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII )		4b				1	
c	Add lines 4a and 4b		•				4c	
5	Total revenue Add lines 3 and	4c.(This must equal Form 990, Part I, line	12)				5	
Part	Complete if the organ	kpenses per Audited Financial Sta Ization answered 'Yes' on Form 990, F	Part I	V, line	e 12a		es per	Return.
1		audited financial statements	•		•		1	
2	A mounts included on line 1 but	t not on Form 990, Part IX, line 25						
а		acilities	2a					
b	Prior year adjustments		2b					
c	Other losses		2c					
d	Other (Describe in Part XIII )		2d					
e	Add lines <b>2a</b> through <b>2d</b>						2e	
3	Subtract line <b>2e</b> from line <b>1</b> .					•	3	
4	Amounts included on Form 990	0, Part IX, line 25, but not on line 1:						
а	'	uded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII )		4b					
c	Add lines <b>4a</b> and <b>4b</b>						4c	
5	Total expenses Add lines <b>3</b> an	nd <b>4c.</b> (This must equal Form 990, Part I, lin	ne 18	) .			5	
Provi		ormation Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and						
	nation	inies zu anu 40, anu Part AII, illies zu allu	+∪ A	150 00	mpieti	e cins pail i	.o pi0vi	ide ally additional
	Return Reference	Explanation						
Sched	chedule D. Part III. Line 4 The College has collections of works of art and rare books that are utilize				zed by t	the students in their		

studies and the faculty in their research

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	
	Management believes they have no uncertain tax positions and in addition, unrelated business income tax for Whitman College and Paul Garrett Whitman Foundation, if any, is immaterial	;

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE E** (Form 990 or 990-EZ)

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

▶ Attach to Form 990 or Form 990-EZ.

Department of the Internal Revenue

Treasury

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Service Name of the organization **Employer identification number** Board of Trustees of Whitman College 91-0567740 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Evalenation

the forms of grants and loans. The College also receives funds from other federal agencies in the

Schedule E (Form 990 or 990EZ) (2015)

Datum Dafanana

AID OR ASSISTANCE FROM A

**GOVERNMENT** 

Return Reference		Ехріапаціон		
1	Part I, Line 3 RACIALLY MINATORY POLICY	The College makes its policy of non-discrimination known through the College wiebsite, the annual catalog, and other materials. Additionally, the College places an advertisement which describes its policy in a regional new spaper each year.		
Schedule E,	Part I, Line 6(a) FINANCIAL	The College receives funds from the Department of Education to be given to Whitman students in		

form of grants for research equipment, study, or other efforts as stipulated in each individual grant

Schedule E (Form 990 or 990-EZ) (2015)

Page 2

efile GRAPHIC print - DO NOT	As Filed Dat	ta -	D	DLN: 93493132052977		
SCHEDULE F (Form 990)	tement of	of Activities Outside the United S			OMB No 1545-0047	
Department of the Treasury		Part IV, line : ► Attach to	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at w		2015  Open to Public Inspection	
Name of the organization Board of Trustees of Whitman College				<b>Employer</b> 91-0567	identification number	
<b>Part I General Informatio</b> Complete if the organ				l		
1 For grantmakers. Does the and other assistance, the grused to award the grants or	antees' eligibil					
<ul> <li>For grantmakers. Describe in assistance outside the Unite</li> <li>Activities per Region (The follows)</li> </ul>	n Part V the or d States				'	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (i program service, desc specific type of	for and investments in region	
(1) See Add'l Data		region	region)			
(2)						
(3)						
(4)						
(5)						
Sub-total     Total from continuation sheets     to Part I	0	<del> </del>			4,318,671 193,430,364	
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see	0			No 50082W <b>s</b>	197,749,035 Schedule F (Form 990) 2015	

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

Selleddie 1 (181111 330) 2013							rage 3
Part III Grants and O Part III can be	Other Assistance to duplicated if addition			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDENT FINANCIAL AID	Pacific	28		Wire transfer or check			
( 2) STUDENT FINANCIAL AID	Iceland and Greenland)	76	756,932	Wire transfer or check			
(3) STUDENT FINANCIAL AID	(Canada & Mexico only)	1	,	Wire transfer or check			
(4) STUDENT FINANCIAL AID		14	118,298	Wire transfer or check			
(5) STUDENT FINANCIAL AID		6	26,475	Wire transfer or check			
(6) STUDENT FINANCIAL AID	Sub-Saharan Africa	7	38,188	Wire transfer or check			
(7) STUDENT FINANCIAL AID	Central America and the Caribbean	3	32,925	Wire transfer or check			
	Middle East and North Africa	n 5	42,363	Wire transfer or check			
(9)			i				
( 10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
(16)							
(17)							
( 18)			·				

## Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships ▽ (see Instructions for Form 8865) Yes

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Yes 5713, do not file with Form 990) Νo

Nο

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting
method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III
(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete
this part to provide any additional information (see instructions).

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	The grantmaking activities shown in parts I and III involve College financial aid funds de livered to enrolled students' individual accounts. The aid is to help defray the cost of c ertain study programs taking place in foreign countries. All such programs are closely vet ted by the College to ensure the recipients are of high academic quality and financially s table. Any aid delivered to such students is governed by the processes outlined in Schedul e.E.

990 Schedule F, Supplemental Information
Return Reference

Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	The grantmaking activities shown in parts I and III involve College financial aid funds de
	livered to enrolled students' individual accounts. The aid is to help defray
	the cost of c
	ertain study programs taking place in foreign countries. All such programs
	are closely vet
	ted by the College to ensure the recipients are of high academic quality

eЕ

and financially s

outlined in Schedul

Explanation

table Any aid delivered to such students is governed by the processes

### **Additional Data**

Europe (Including Iceland

and Greenland)

**Software ID:** 15000238

**Software Version:** 2015v3.0

**EIN:** 91-0567740

Name: Board of Trustees of Whitman College

STUDENT FINANCIAL

AID

756,932

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0		FACULTY STAFF CONFERENCES AND RESEARCH	13,042
East Asia and the Pacific	0	0		STUDENT FINANCIAL	302,666

Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) North America (Canada & Grantmakıng STUDENT FINANCIAL 11,125 Mexico only) AID South America Grantmaking STUDENT FINANCIAL 118.298 AID

Grantmaking

STUDENT FINANCIAL

AID

26,475

South Asia

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Central America and the Grantmaking STUDENT FINANCIAL 32,925

OFF CAMPUS STUDIES

626,750

Carıbbean	<u> </u>		AID	
East Asia and the Pacific	0	0	 FACULTY AND STAFF CONFERENCES AND	66,031

East Asia and the Pacific	0	0	Program Services	FACULTY AND STAFF	
	-			CONFERENCES AND	
				RESEARCH	

Form 990 Schedule F Part I - Activities Outside The United States

East Asia and the Pacific

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Europe (Including Iceland Program Services FACULTY AND STAFF 117,527 and Greenland) CONFERENCES AND IRESEARCH Middle East and North Program Services FACULTY AND STAFF 20,620 CONFERENCES AND A frica RESEARCH

OFF CAMPUS STUDIES

271,480

Form 990 Schedule F Part I - Activities Outside The United States

South America

(b) Number of (c) Number of (a) Region (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) South Asia Program Services OFF CAMPUS STUDIES 112,100 North America (Canada & Program Services Off Campus Studies 3.200 Mexico only)

OFF CAMPUS STUDIES

69,950

Form 990 Schedule F Part I - Activities Outside The United States

Central America and the

Carıbbean

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region)

Form 990 Schedule F Part I - Activities Outside The United States

Africa

Mexico only)

North America (Canada &

Europe (Including Iceland and Greenland)	0	0	Program Services	Off Campus Studies	1,769,550
Middle East and North	0	0	Program Services	Off Campus Studies	93,540

Program Services

FACULTY AND STAFF

CONFERENCES AND

RESEARCH

40.804

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region describe specific type of type) (i.e., fundraising, region agents in service(s) in region region program services, grants to recipients located in the region) South America Program Services FACULTY AND STAFF 3,895 CONFERENCES AND RESEARCH Sub-Saharan Africa Program Services FACULTY AND STAFF 10,320 CONFERENCES AND IRESEARCH Central America and the 0 191,070,669 IInvestments

Carıbbean

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region agents in type) (i.e., fundraising, service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) Europe (Including Iceland 1,976,000 IInvestments and Greenland) Sub-Saharan Africa Grantmakıng ISTUDENT FINANCIAL 38.188

AID

OFF CAMPUS STUDIES

146,370

Form 990 Schedule F Part I - Activities Outside The United States

Sub-Saharan Africa

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (e) If activity listed in (a) Region (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region agents in type) (i.e., fundraising, service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) Russia and Neighboring Program Services Faculty and staff 319 conferences and States research Middle East and North Grantmaking Student Financial Aid 42,363 A frica South Asia Program Services Faculty and staff 7,896

conferences and research

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Governments

Complete if the organize

Department of the

Internal Revenue Service Name of the organization

Board of Trustees of Whitman College

Treasury

### Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493132052977

Open to Public Inspection

Employer identification number

						91-056/740	
Part I General Informatio	n on Grants an	d Assistance					
<ol> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ol>	vard the grants or a	ssistance?				tance, and	<b>√</b> Yes
Part II Grants and Other Assistation that received more than s		_		plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>	. , . ,	-					
For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule J

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

2015

DLN: 93493132052977

OMB No 1545-0047

(Form 990)

		I		ch to Form 990.	<b>_</b> U	<b>' -</b>	
reas	· ·				pen t Insp	o Pul ectio	
	nal Revenue Service me of the organiz	I zation		Employer identification	tion nu	mber	
Boa	ard of Trustees of Wh	ntman College		01.0567740			
Рa	rt I Questi	ons Regarding Compensation		91-0567740			
1 6	Questi	ons regulating compensation				Yes	No
<b>1</b> a				ny of the following to or for a person listed on Form ide any relevant information regarding these items		103	110
	_ `	s or charter travel	<b>~</b>	Housing allowance or residence for personal use			
	<b>✓</b> Travel for	companions		Payments for business use of personal residence	İ	Ì	Ì
	<b>√</b> Taxıdemr	nification and gross-up payments	<b>▽</b>	Health or social club dues or initiation fees	ĺ	Ì	
	Discretion	nary spending account	<b>~</b>	Personal services (e g , maid, chauffeur, chef)			
b	reimbursement	or provision of all of the expenses descri	bed	on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b	Yes	
2		ation require substantiation prior to reimless, officers, including the CEO/Executives.		ing or allowing expenses incurred by all irector, regarding the items checked in line 1a?	2	Yes	
3	organization's (	CEO/Executive Director Check all that a	pply	used to establish the compensation of the / Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compens	ation committee	$\Gamma$	Written employment contract			
	Independe	ent compensation consultant	$\Gamma$	Compensation survey or study			
	<b>✓</b> Form 990	of other organizations	<b>~</b>	Approval by the board or compensation committee			
4	During the year or a related org		t <b>V</b> II	I, Section A, line 1a with respect to the filing organizatio	n		
а	Receive a seve	rance payment or change-of-control payr	men	t?	4a	Yes	
b	Participate in, o	or receive payment from, a supplemental	none	qualified retirement plan?	4b	Yes	
c	Participate in, o	or receive payment from, an equity-based	cor	mpensation arrangement?	4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and provid	e th	e applicable amounts for each item in Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizations	s mu	ıst complete lines 5-9.			
5		ted on Form 990, Part VII, Section A, line contingent on the revenues of	e 1a	, did the organization pay or accrue any			
а	The organization	on?			5a		Νo
b	Any related org				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Section A, line contingent on the net earnings of	e 1a	, did the organization pay or accrue any			
а	The organization	on?			<b>6</b> a		Νo
b	Any related org	ganization?			6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A, lindescribed in lines 5 and 67 If "Yes," desc		i, did the organization provide any non-fixed in Part III	7		No
В		ints reported on Form 990, Part VII, paid nitial contract exception described in Reg		accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		No
						1	

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

rage Z											
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.										
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual											
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						

### other deferred benefits (B)(ı)-(D) column(B) reported (ii) (iii) Base as deferred on prior Bonus & incentive Other reportable compensation (I) compensation compensation compensation Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Page 2

Page 3

Schedule J (Form 990) 2015

# Schedule J, Part I, Line 1a Personal services lcompensation.

Schedule J (Form 990) 2015

The President's personal residence (owned by the College) is provided cleaning services and yard care by the College. This is not considered taxable Schedule J. Part I. Line 4a Severance The Chief Communications Officer received a severance payments. Terms and conditions are confidential according to the agreement

or change-of-control payment

The former College President received a distribution from a 457(f) plan during the year of \$63,118

Schedule J, Part I, Line 4b Supplemental nonqualified retirement

plan

**Software ID:** 15000238 **Software Version:** 2015v3.0

**EIN:** 91-0567740 Name: Board of Trustees of Whitman College

Form 990, Schedule J, I	Part I	t II - Officers, Directors, Trustees, Key Employees, a		ey Employees, and	l Highest Compen	sated Employees		
(A) Name and Title		(B) Breakdown o (i) Base Compensation	f W-2 and/or 1099-MI:  (ii)  Bonus &  Incentive  compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1George S Bridges President thru 6/30/15	(1)	384,019	65,000	14,757	62,999	48,030	574,805	63,118
	(11)	0	0	0	0			0
1Kathleen Murray President beginning 7/1/15	(1)	217,808	0	17,754	21,250	17,559	274,371	0
	(11)	0	0	0	0	-		0
2Peter Harvey CFO/Treasurer	(1)	228,365	0	0	38,602	9,786	276,753	0
	(11)	0	0	0	0			0
<b>3</b> John W Bogley VP for Development	(1)	217,251	50,000	2,796	22,433	41,888	334,368	0
	(11)	0	0	0	0	-		0
4Tony Cabasco Dean of Admission &	(1)	155,312	0	0	16,007	15,454	186,773	0
Financial Aid	(11)	0	0	0	o	- 0	0	0
<b>5</b> Charles E Cleveland Dean of Students	(1)	178,114	0	0	17,954	12,633	208,701	0
	(11)	0	0	0	0	- 0	o	0
<b>6</b> Mıchelle Ma	(1)	123,888	0	44,641	14,289	6,771	189,589	0
Chief Communications Officer	(11)	0	0	0	0	-		0
<b>7</b> Patrick Spencer Provost/Dean of Faculty	(1)	168,253	0	0	17,335	16,267	201,855	0
Interim	(11)	0	0	0	0	- 0	0	0
<b>8</b> Dan M Terrio Chief Information Officer	(1)	158,436	0	0	16,311	14,437	189,184	0
	(11)	0	О	0	o	- 0	0	0
<b>9</b> Keith Farrington Faculty	(1)	152,519	0	0	15,462	15,492	183,473	0
	(11)	0	o	0	0	- 0	0	0
<b>10</b> Patrick Keef Faculty	(1)	165,139	0	0	16,448	7,386	188,973	0
	(11)	0	0	0	0	- 0	o	0
11Christopher Ponce	(1)	167,912	0	0	8,925	21,918	198,755	0
Associate VP for Development	(11)	0	0	0	o	- 0	o	О
12David F Schmitz Faculty	(1)	169,018	0	0	17,103	11,279	197,400	0
	(11)	0	0	0	0	0	. 0	0
13Paul H Yancey Faculty	(1)	150,817	0	0	10,304	8,666	169,787	0
	(11)	0	0	0	0	-		0
14Timothy Kaufman-Osborn Former Provost/Dean of	(1)	141,624	0	0	25,618	13,046	180,288	0
Students	(11)	0	0	0	0	0	. 0	0
		<u> </u>						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

▶ Attach to Form 990.

2015

DLN: 93493132052977 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Employer identification number

Boa	rd of Trustees of Whitman Colleg	je									-05677				
Pa	art I Bond Issues									1 9 1	-030//	40			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f)	<b>)</b> Description	n of purpose	(g) De	feased		On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	Washington Higher Education Facilities Authority	91-1306482	939781VM9	11-23-2004	28,77	0,000	Refun 1999	nd A Bond Is )	sue from		×		×		X
В	Washington Higher Education Facilities Authority	91-1306482	939781A34	06-10-2008	30,39	5,000	Facili	ıtıes Constru	iction		×		Х		X
Pa	rt III Proceeds						1				<u> </u>				
						A			3		С			D	
1	A mount of bonds retired						0		765,000						
2	Amount of bonds legally defea	ased					0		0						
3	Total proceeds of issue					28,770	0,000		30,395,000						
4	Gross proceeds in reserve fur	nds					0		0						
5	Capitalized interest from proc	eeds					0		0						
6	Proceeds in refunding escrow	'S					0		0						
7	Issuance costs from proceed	s				232	2,781		282,842						
8	Credit enhancement from pro	ceeds					0		0						
9	Working capital expenditures	from proceeds					0		0						
10	Capital expenditures from pro	oceeds					0	,	30,000,000						,
11	Other spent proceeds					28,442	2,263		0						•
12	Other unspent proceeds						0		0						
13	Year of substantial completio	n			20	04		20	10						
					Yes	N-	lo	Yes	No	Yes	ı	No	Yes	5	No
14	Were the bonds issued as par	t of a current refund:	ngıssue?	•		x	<		х						
15	Were the bonds issued as par	t of an advance refur	nding issue?		Х				Х						
16	Has the final allocation of pro	ceeds been made? .			Х			Х							
17	Does the organization mainta allocation of proceeds?	·		ort the final	×			Х							
Par	.    .    .    .   .  .  . rt IIII    Private Business l														
						4		В			С			D	
					Yes	No	0	Yes	No	Yes	<u> </u>	ło	Yes	3	No
1	Was the organization a partne property financed by tax-exer			•					Х						

Are there any lease arrangements that may result in private business use of bond-

Χ

			А		E	В	_	С		
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but of bond-financed property?	isiness use				Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or or									
prope	counsel to review any management or service contracts relating to the financirty?	cea								
С	Are there any research agreements that may result in private business use of financed property?	of bond-				Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or or counsel to review any research agreements relating to the financed property									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .					0 %				
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section				0 %				
6	Total of lines 4 and 5			0 %		0 %				
7	Does the bond issue meet the private security or payment test?				X					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?					Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of	'							
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations set 1 141-12 and 1 145-2?	ections								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?				X					
Par	t IV Arbitrage		•	•						
	<del></del>	А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the Issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Х		Х						
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	Χ		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		х						
b	Trains or provident 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P Morgan		BNY Mellor	n					
С	Term of hedge		2500 %		3000 9	%				
d	Was the hedge superintegrated?		X	Х						
e	Was the hedge terminated?		Х		×					
	<u>'</u>				•	•		Cabad	ulo V (Form C	00) 2015

No

No

D

Yes

Page **3** 

value of the GIC satisfied? . . . . . . . . .

Term of GIC . . . . . . . . . . Was the regulatory safe harbor for establishing the fair market

6 Were any gross proceeds invested beyond an available temporary period?		х		×		
7 Has the organization established written procedures to monitor the requirements of section 148?	Х		х			
Part V Procedures To Undertake Corrective Action	_					
	A	1	В		С	
	Yes	No	Yes	No	Yes	ı
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	х		х			
Part VI Supplemental Information. Provide additional inform	nation for res	ponses to qu	estions on S	chedule K (se	ee instructio	ns).

No

Х

Yes

D

Schedule K (Form 990) 2015

Yes

С

No

No

Yes

No

310 %

Yes

Χ

Χ

AIG Matching Fund

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule L (Form 990 or 990-EZ)

**Transactions with Interested Persons** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

DLN: 93493132052977 OMB No 1545-0047

2015

Open to Public ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at Department of the www.irs.gov/form990. Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Board of Trustees of Whitman College 91-0567740 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (c) Description of (a) Name of disqualified person (d) Corrected? Yes

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	-	. 00	

	4930 .	•	•	-	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		₽	 _
3	Enter the	am	noun	t of	tax,	, ıf a	any,	on I	lıne	2, a	abov	/e, i	reım	bur	sed	by	the	org	anız	atio	n.							Þ	\$	 _

### Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the

organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan t or from th organizatio	e	(e)O riginal principal amount	<b>(f)</b> Balance due	(g) defa		(h) A ppro by boa commit	ved rd or	(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
Total				•		•		•	•	•	•	•

### Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		10,500	SCHOLARSHIP	Education
i				

_				
Part V Supplemental I	nformation			

Supplemental Information

Schedule L (Form 990 or 990-EZ) 2015

Page 2

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M** 

DLN: 93493132052977

OMB No 1545-0047

2015

# **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Treasury Internal Revenue Service

(Form 990)

Department of the

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

	ne of the organization d of Trustees of Whitman College				Employer identificat	ion nu	mber	
oai	d of Trustees of Whitman Conege				91-0567740			
Pä	art I Types of Property			L				
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	<b>(d</b> Method of de noncash contrib	etermı	_	ts
1	Art—Works of art	Х	1	J	Market value			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		11,315	Market value			
	Clothing and household goods	Х			Cost			
	Cars and other vehicles							
	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	76	2,012,778	Market value			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	680,000	Market value			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	1		Market value			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
1us rav	Other • ( sical instruments, rel vouchers, and rmal imager )	X	3		Market value			
	Other►( )							
	Other ► ()							
28	Other ▶ ()							
29	Number of Forms 8283 received	by the orga	inization during the tax year	r for contributions				
	for which the organization comple	eted Form 8	283, Part IV, Donee Acknowledge	wledgement	29			3
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ars from the	e date of the initial contribu	tion, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
ŀ	If "Yes," describe the arrangeme							
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
<b>32</b> a	Does the organization hire or use contributions?	•	-	• • • • • • • • • • • • • • • • • • • •	noncash 	32a		No
ŀ	If "Yes," describe in Part II							
33		an amount	in column (c) for a type of	property for which column (	ā) is checked,			!

Schedule M (Form 990) (2015)

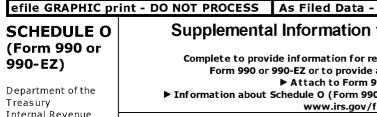
Page 2

Schedule M (Form 990) (2015)

Also complete this p	Also complete this part for any additional information.							
Return Reference	Explanation							

Schedule M. Part I Explanations of Art - Works of art - Number of items Clothing and household goods - Number of items Securities -

Publicly traded - Number of contributions Real estate - Residential - Number of items Books and



Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 **Open to Public** Inspection

DLN: 93493132052977

Employer identification number Name of the organization Board of Trustees of Whitman College 91-0567740

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	JOHN COLEWAN AND WILLIAM WAY - Family relationship
Form 990, Part VI, Line 11b Review of form 990 by governing body	An electronic draft copy is provided to the Audit Committee via the Whitman College wiebsit e. The Committee discusses and provides input to management. The Committee next accepts the e. Form 990 and it is made available to the Board of Trustees for review After the Trustee shave provided their input and all questions are resolved, the Form 990 is then filed with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Trustees, officers, and key employees are given a questionnaire annually. The questionnaire includes the College's conflict of interest policy and asks each individual about the existence of conflicts of interest, as well as other payments or situations which could be construed to present a conflict. If an individual answers any question in the affirmative, they are asked to describe the situation in their response. If there are any concerns relative to any one individual's response, management follows up to discuss how best to deal with any identified situations. Management verifies all identified individuals have responded. All the responses are retained in accordance with the College's file retention policy. Trustees are reminded of potential conflicts at each meeting.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	TRUSTEES APPROVED THE COMPENSATION PACKAGE OF THE COLLEGE'S PRESIDENT AND THE DELIBERATION S ON THAT PROCESS ARE DOCUMENTED IN THE MINUTES COMPARABLE DATA FROM PEER INSTITUTIONS WAS USED TO SET THE COMPENSATION RATE

990 Schedule O, Supplemental Information

Return Reference

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to	Comparable data from peer institutions for each position was used to set the compensation for
establish compensation of other	officers and key employees The Trustees approved the compensation packages of the College's

Fralesation

employees officers and key employees Form 990, Part VI, Line 19 Required The College provides access to its Form 990 and financial statements via its wiebsite. The documents available to the public College's tax exemption letter from the IRS and other policy documents are available upon

request

990 Schedule O, Supplemental Information

Paturn Pafaranca

Tetal II Telefoloc	Explanation								
Form 990, Part VIII, Line 2f Other Program	Other - Total Revenue 1413377, Related or Exempt Function Revenue 1413377, Unrelated								
0 0	D D E								

Evolunation

Service Revenue Business Revenue . Revenue Excluded from Tax Under Sections 512, 513, or 514 . Form 990. Part XI. Line 9 Other changes in Loss on interest rate exchange agreements - -5430231, Change in split interest agreements net assets or fund balances - -792040. Unrelated business loss from 990T - 920494.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493132052977 OMB No 1545-0047

# **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

91-0567740

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990. Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Board of Trustees of Whitman College

Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	n Form 990, Part	IV, line 33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiza	tions Complete if t	he organization an	swered "Yes" on	Form 990, Part	t IV, line 34 because it h	nad on	e
or more related tax-exempt organizations during the		•				_	
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty sta (if section 501(c)		Section (13) co ent	ntrolled ity?
(1)WHITMAN COLLEGE PAUL GARRETT FOUNDATION 345 BOYER AVENUE	Provide Support for Whitman College	WA	501(c)(3	Type I	BOARD OF TRUSTEES OF WHITMAN COLLEGE	Yes	No
WALLA WALLA, WA 99362 91-1648072							
(2)WHITMAN COLLEGE 21ST CENTURY TRUST 345 BOYER AVENUE	Provide support for Whitman College	WA	501(c)(3	Type I	BOARD OF TRUSTEES OF WHITMAN COLLEGE	Yes	
WALLA WALLA, WA 99362 91-6526001							
		0	251/			2001 -	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y		Schedule R (Forn	ı 990) 2	015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership
				314)			Yes	No		Yes	No	-								

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(1 contro entity	13) illed y?
(1) CHARITABLE LEAD ANNUITY TRUST (1) 345 Boyer Avenue Walla Walla, WA 99362	HOLDINGS	WA	NA					Yes	No_
CHARITABLE REMAINDER (2)TRUSTS (31)  345 Boyer Avenue Walla Walla, WA 99362	HOLDINGS	WA	NA						
(3) POOLED INCOME FUNDS (3) 345 Boyer Avenue Walla Walla, WA 99362	HOLDINGS	WA	NA						

Part V	<b>Transactions With Rela</b>	ated Organizations Complete	if the organization answered "Yes	s" on Form 990, Part IV, line 34, 3	35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related org	anizations li	sted in Parts II-IV	>			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No
c	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c	Yes	<u></u>
d	Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				<b>1</b> g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
•							
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				<b>1</b> s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including co	overed relationships	and transaction thresholds			
	Name of related organization Trai	<b>(b)</b> nsaction e (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved	
( <b>1)</b> W	hitman College Paul Garrett Foundation		222,393	Cash			
( <b>2)</b> W	hitman College 21st Century Trust C		515,820	Cash			
			†	•			

### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization See instructions													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

